Advisory Group for Data (AGD) – Meeting Minutes

Thursday, 17th September 2026

09:00 – 13:15

(Remote meeting via videoconference)

AGD INDEPENDENT / NHS ENGLAND MEMBERS IN ATTENDANCE:	
Name:	**Role:**
Mr Christopher Barben (CB)	AGD independent member (Specialist Clinician Adviser)
Claire Delaney-Pope (CDP)	AGD independent member (Specialist Information Governance Adviser) (Chair for items 5.1 to 5.2)
Rachel Fernandez (RF)	NHS England member (Data Protection Office Representative (Delegate for Jon Moore))
Dr. Jon Fistein (JF)	AGD independent member (Chair for items 1 to 4.1, and 5.3 to 10.1)
Narissa Leyland (NL)	NHS England member (Data and Analytics Representative (Delegate for Michael Chapman))
Dr. Mark McCartney (MM)	AGD independent member (Specialist GP / Clinician Adviser)
Dr. Jonathan Osborn (JO)	NHS England member (Caldicott Guardian Team Representative)
Jenny Westaway (JW)	AGD independent member (Lay Adviser)
NHS ENGLAND STAFF IN ATTENDANCE:	
Name:	**Role / Area:**
Garry Coleman (GC)	NHS England SIRO Representative
Lyndon Dibb (LD)	Data Access and Partnerships, Data and Analytics, Transformation Directorate (**Observer**: item 5.4)
Claire Edgeworth (CE)	Head of Strategic Information Governance – Consultancy, Head of Information Governance, NHS England Data for R&D (**Presenter / Observer:** item 4.1)
Dan Goodwin (DG)	Data Access and Partnerships, Data and Analytics, Transformation Directorate (**Observer**: items 5.3 to 5.4)
Jorge Marin (JM)	Data Access and Partnerships, Data and Analytics, Transformation Directorate (**Observer**: item 5.3)

Tiaro Micah (TM)	Data Access and Partnerships, Data and Analytics, Transformation Directorate (**Observer**: item 5.1)
Karen Myers (KM)	AGD Secretariat Officer, Privacy, Transparency and Trust (PTT), Technology, Digital and Data
Jodie Taylor Brown (JTB)	Data Access and Partnerships, Data and Analytics, Transformation Directorate (**Observer**: items 5.1 to 5.2)
Emma Whale (EW)	Data Access and Partnerships, Data and Analytics, Transformation Directorate (**Observer**: item 5.2)
AGD INDEPENDENT MEMBERS / NHS ENGLAND MEMBERS NOT IN ATTENDANCE:	
Name:	**Role / Area:**
Paul Affleck (PA)	AGD independent member (Specialist Ethics Adviser)
Michael Chapman (MC)	NHS England member (Data and Analytics Representative)
Prof. Jo Knight (JK)	AGD independent member (Specialist Academic / Researcher Adviser)
Jon Moore (JM)	NHS England member (Data Protection Office Representative)
Miranda Winram (MW)	AGD independent member (Lay Adviser)

1	**Welcome and Introductions:** The AGD Chair welcomed attendees to the meeting.
2	**Review of previous AGD minutes:** The minutes of the AGD meeting on the 10th September 2026 were reviewed and were agreed as an accurate record of the meeting.
3	**Declaration of interests:** Dr. Jon Fistein noted a link to team members of NIC-11809-H1Y3W (University of Leeds) through his role at the University of Leeds but noted no specific connections with the application, and it was agreed that this was not a conflict of interest. Dr. Jon Fistein noted a professional link to NIC-356443-R5B5F (Ministry of Defence) as part of his role on the Ministry of Defence Research Ethics Committee (MODREC). It was agreed that Dr. Fistein would remain in the room, but would **not** be part of the discussion of this application. Dr. Fistein was not a part of MODREC when either MOREC or AGD previously considered this and therefore there was no conflict of interest.
4 BRIEFING PAPER(S) / DIRECTIONS / DPIAs / PRECEDENTS / REUSEABLE DECISIONS / TEMPLATES	

4.1	**Title: Prostate** Cancer Research Data Flows **Presenters:** Claire Edgeworth and Helen Duckworth AGD were provided with a briefing that outlined the proposal for NHS England (Data Services for Commissioners Regional Offices (DSCRO) to de-identify a number of national datasets and provide them in pseudonymised form to the North-West (NW) Secure Data Environment (SDE); who will then link this pseudonymised data to locally held data from other data providers. An application (NIC-808720-H2M0X) has been submitted to NHS England's Data Access Request Service (DARS) and is progressing internally. NHS England were seeking advice on the following points: 1. Whether any additional transparency is required in addition to that usually sought; or 2. Whether the usual transparency approach would suffice but needs to be in place before the flow; or 3. The usual transparency would suffice with the usual special condition. **Summary of discussion:** AGD welcomed the briefing and made the following observations / comments: **4.1.1** The Group were advised by NHS England that s251 support was not required for the flow of data from NHS England into the NW SDE in this circumstance, and therefore the National Data Opt-out (NDOO) would **not** be applied. The Group noted the update and advised that the advice provided would be based on this information. **4.1.2** The Group noted that the local data flows had consent, s251 support or were pseudonymised and that they would **not** provide advice on this flow of data. **In response to points 1 to 3 above:** **4.1.3** In respect of the processing (de-identification and pseudonymisation) of Personal Confidential Data within NHS England (DSCRO) for National Data Assets with onward flow to NW SDE, the Group agreed that there is a basis for this processing in Directions issued to NHS England under section 254 of the Health and Social Care Act 2012 **4.1.4** In respect of the approach to transparency, AGD advised that: **4.1.4.1** there should be transparency undertaken by both the NW SDE and NHS England and that this should be co-ordinated; **4.1.4.2** the transparency should reflect feedback received as part of any patient and public involvement and engagement (PPIE) undertaken; **4.1.4.3** there should be a layered approach to transparency; and **4.1.4.4** transparency / communications should be in place **prior** to any data flowing. **4.1.5** In addition, AGD advised that any updates to the transparency should address a number of points, including, but not limited to: **4.1.5.1 c**larification that the work is a 'first of type pilot' with a broader intention of utilising the learning for other programmes using this type of model;	

	4.1.5.2 that the learning from this pilot will be incorporated into any future similar programmes of work; and **4.1.5.3** when the NDOO is / is not applied in line with the NDOO policy. In addition to their advice on the specific points raised by NHS England, AGD made the following observations on the briefing provided as part of the review: **4.1.6** AGD welcomed early sight of this proposed work, and advised that they would welcome the opportunity to provide further support / advice on this work as may be appropriate, including, but not limited to, providing advice on the draft application when appropriate; and providing advice on the joint transparency programme of work (see point 4.1.4.1).	
5 EXTERNAL DATA DISSEMINATION REQUESTS:		
5.1	**Reference Number:** NIC-356443-R5B5F-v0 **Applicant and Data Controller:** Ministry of Defence **Application Title:** "The epidemiology of cancer in the UK Armed forces study" **Observers:** Tiaro Micah and Jodie Taylor Brown **Previous Reviews:** The application and relevant supporting documents were previously presented / discussed at the AGD meeting on the 12th March 2026 as a confidential discussion item (please see appendix A). **Application:** This was a new application. NHS England were seeking advice on the following points: 1. Whether the points previously raised by AGD have been satisfactorily addressed. Should an application be approved by NHS England, further details would be made available within the Data Uses Register. **Summary of discussion:** The Group noted that when this application was last discussed at AGD on the 12th March 2026, this was discussed as part of a confidential discussion, and therefore the minutes for this particular item were not published. Please see appendix A for the minutes from this discussion. **In response to point 1:** **5.1.1** AGD noted that some of the points previously raised by the Group had been addressed, however, made some further comments on some of the points raised. **5.1.2** In response to the point raised in respect of the contractual arrangements that underpin each of the roles outlined (point 5.6.2.3); the Group advised NHS England that they seek assurance that the appropriate contracts are in place for the data sharing, prior to any data flowing. **5.1.3** Noting the responses to the point raised in respect of the ethnicity data (point 5.6.3.3) and the *"sex"* and "*gender*" data (point 5.6.5), the Group noted that as currently proposed,	

	there would be limitations with the use of the data; and advised the applicant to further explore how this data may be used to support the proposed work. **5.1.4** AGD noted that a query had previously been raised on the demographics data (point 5.6.3.1), and discussed the flow of this data from NHS England to the applicant, and advised that this was appropriate given the need to ensure that there was confidence that the linkages were correct. **5.1.5** AGD noted that they had previously discussed the method for provision of data (point 5.6.7) to Northern Ireland Statistics and Research Agency, and advised that whilst this was currently out of scope, if this application was to return as an amendment to include this, then NHS England should ensure that the method was in line with the relevant NHS England policy. **5.1.6** AGD noted and commended the patient and public involvement and engagement (PPIE) undertaken to date, and the planned PPIE throughout this programme of work. **5.1.7** AGD noted the work undertaken to date on the transparency; and that in addition, there would be an appropriate announcement / transparency in due course on this work, prior to the work commencing. **5.1.8** AGD noted and commended NHS England and the applicant, on addressing the previous points raised by the Group. In addition to their advice on the specific points raised by NHS England, AGD made the following observations on the application and / or supporting documentation provided as part of the review: **5.1.9** Given the points raised by the Group, the NHS England SIRO Representative noted this application could progress via delegated authority to NHS England's Data Access Request Service (DARS) once the AGD advice has been addressed.	
5.2	**Reference Number:** NIC-11809-H1Y3W-v8 **Applicant and Data Controller:** University of Leeds **Application Title:** "Yorkshire Specialist Register of Cancer in Children and Young People" **Observers:** Emma Whale and Jodie Taylor Brown **Previous Reviews:** The application and relevant supporting documents were previously presented / discussed at the AGD meetings on the 14th May 2026 and the 20th November 2025. The application and relevant supporting documents were previously presented / discussed at the Independent Group Advising (NHS Digital) on the Release of Data (IGARD) meetings on the 29th September 2022, 23rd July 2020 and the 13th April 2017. **Linked applications:** This application is linked to NIC-656761-R6H7W and NIC-155843-0MQMK. **Application:** This was a new application. NHS England were seeking advice on the following points: 1. Whether the points previously raised by AGD have been satisfactorily addressed.	

2. Whether AGD agree that the purpose is sufficiently restricted and that the draft delegated decision-making Standard does not apply.

Should an application be approved by NHS England, further details would be made available within the Data Uses Register.

Summary of discussion:

In response to point 1:

5.2.1 AGD noted that not all of the points previously raised by the Group had been satisfactorily addressed.

5.2.2 AGD noted that as previously advised (point 5.2.1), NHS England had undertaken an audit on this application, which had raised some concerns / issues; and advised that:

5.2.2.1 as per the usual process, NHS England should satisfy itself that any of the points flagged in the audit, that may be directly relevant to this application, were suitably addressed prior to the data flow;

5.2.2.2 NHS England satisfy itself that the applicant has made Health Research Authority Confidentiality Advisory Group (HRA CAG) aware of the breach; and

5.2.2.3 HRA CAG have acknowledged the information shared in respect of the data breach.

5.2.3 AGD noted that they had previously queried whether processing the Maternity Services Data Set (MSDS) would achieve the purposes set out in the DSA (point 5.2.3); and advised that as currently presented, the request for this dataset does not meet the NHS England DARS standard for Data Minimisation. The Group therefore:

5.2.3.1 reiterated the original point, that as the MSDS data would **not** provide direct information on fertility, the applicant should provide further clarification in the internal form / application on the methods for using this dataset to achieve this purpose, to ensure that this is an appropriate release of data;

5.2.3.2 advised that NHS England engage with the applicant to ensure that they are aware, that as this dataset would only include about maternity and not paternity, that there are limitations on what they can achieve if the aim is to look at fertility issues for both women and men; and,

5.2.3.3 that the applicant clarifies whether there will be a 'control group', noting that this is not currently referenced in the documents provided.

In response to point 2:

5.2.4 AGD advised that they were satisfied that the purpose is sufficiently restricted, and noted that as currently presented, there would be **no** delegated decision-making and that the purpose is restricted to the seven purposes outlined in the internal form / application. AGD advised that:

5.2.4.1 the internal form / application was updated to be state explicitly that the data can only be processed for the seven purposes outlined; and

	5.2.4.2 that if a new project / research question was proposed, then the applicant would need to submit an amendment to **a)** their data sharing agreement (DSA); and **b)** to their s251 support. In addition to their advice on the specific points raised by NHS England, AGD made the following observations on the application and / or supporting documentation provided as part of the review: **5.2.5** AGD noted that as the applicant has had access to NHS England data for some time, that further clarity should be provided as to the yielded benefits accrued to date, in line with NHS England DARS Standard for Expected Measurable Benefits. **5.2.6** AGD noted that the applicant had confirmed that data would not be shared with European collaborators, however, advised that NHS England engage with the applicant, to ensure that they are aware that data **cannot** be accessed outside of England and Wales, as per the territory of use stated in the internal form / application. **5.2.7** AGD noted the reference to "affiliates" accessing the data, and advised that: **5.2.7.1** NHS England engage with the applicant to ensure that this is only referring to staff / students at the University of Leeds; and **5.2.7.2** the internal form / application is updated to reflect this this is referring to staff / students at the University of Leeds. **5.2.8** AGD noted that there was one honorary contract attached to this data sharing agreement (DSA), and advised that this appeared to be appropriate for the work outlined / being undertaken. **5.2.9** Given the points raised by the Group, the NHS England SIRO Representative noted this application could **not** progress via delegated authority until such time as the NHS England SIRO Representative and an NHS England senior colleague within Data and Analytics had reviewed the updated application.	
5.3	**Reference Number:** NIC-755461-K2X2P-v0 **Applicant and Data Controller:** Queen Mary University of London (QMUL) **Application Title:** "Thromboprophylaxis in Lower Limb Immobilisation (TiLLI)" **Observers:** Jorge Marin and Dan Goodwin **Application:** This was a new application. NHS England were seeking advice on the following points: 1. Whether AGD agrees with the assessment in relation to consent. 2. Whether there are circumstances in which lack of response to the way in which data is held by an organisation (e.g.: QMUL Safe Haven questions) may fundamentally impact on advice provided, and if so, what these circumstances may be. Should an application be approved by NHS England, further details would be made available within the Data Uses Register. **Summary of discussion:** **In response to point 1:**	

	5.3.1 AGD advised that as presented, their view was that the consent is adequate for the proposed processing. **5.3.2** AGD advised that in the consent review, NHS England was proposing to advise the applicant, that they should update the patient information sheet, to make the data flows clearer. The Group's view was that it would also be acceptable for applicant to share this information via alternative channels, for example via a newsletter to the cohort. **In response to point 2:** **5.3.3** AGD noted that there was insufficient information provided, in respect of the technical and contractual controls in place for access to the data; and advised that NHS England satisfy itself that the appropriate controls are in place and meet the usual expectations. **5.3.4 Separate to the application:** AGD advised NHS England to consider whether it would be appropriate to have an NHS England Standard that outlines what technical **and** contractual controls should be in place, in various circumstances for access to data. The Group advised that they would welcome the opportunity to provide advice on this area of work should it progress, including, but not limited to, using NIC-755461-K2X2P as a worked example. **5.3.5** AGD observed that the Deputy Chief Investigator was based at Northern Care Alliance NHS Foundation Trust and **not** QMUL, and advised that: **5.3.5.1** NHS England satisfy themselves that the Deputy Chief Investigator's organisation are **not** a joint Data Controller determining the purpose and means of processing, in line with the NHS England DARS Standard for Data Controller(s); **5.3.5.2** the Deputy Chief Investigator discuss the role of Northern Care Alliance NHS Foundation Trust with its Data Protection Office; and **5.3.5.3** the AGD NHS England Data Protection Office Representative to review this position following points 5.3.5.1 and 5.3.5.2 being addressed, and provide confirmation that they are satisfied with the conclusion. In addition to their advice on the specific points raised by NHS England, AGD made the following observations on the application and / or supporting documentation provided as part of the review: **5.3.6** AGD noted that two Article 6 UK General Data Protection Regulation (UK GDPR) limbs had been cited, Article 6(1)(a) *(consent)* and 6(1)(e) *(Public Interest)*; and advised that the applicant **5.3.6.1** clarify what processing was being carried out under each Article 6 limb; or, **5.3.6.2** to remove one of the Article 6 limbs cited as may be appropriate. **5.3.7** Given the points raised by the Group, the NHS England SIRO Representative noted this application could progress via delegated authority to NHS England's Data Access Request Service (DARS) once the AGD advice has been addressed.	SIRO Rep DPO Rep
5.4	**Reference Number:** NIC-147901-2XMLG-v8.1 **Applicant:** Bristol NHS Foundation Trust **Data Controller:** Bristol NHS Foundation Trust and University of Bristol	

Application Title: “MR1240 - Evaluation of centralisation in head and neck cancer (Head and Neck 5000)”

Observers: Lyndon Dibb and Dan Goodwin

Previous Reviews: The application and relevant supporting documents were previously presented / discussed at the AGD meeting on the 11th May 2023.

The application and relevant supporting documents were previously presented / discussed at the Independent Group Advising (NHS Digital) on the Release of Data (IGARD) meetings on the 3rd February 2022 and the 29th August 2019.

Application: This was an amendment application.

NHS England were seeking advice on the following points:

1. Whether AGD agrees with NHS England that consent provides a legal basis for the Hospital Episode Statistics (HES) / Emergency Care Data Set (ECDS) datasets requested (and National Disease Registration Service (NDRS) under a future amendment to the data sharing agreement (DSA)).
2. Whether AGD agrees with NHS England that extended year of follow-up still remains within the remit of consent.
3. Whether AGD would advise if that the delegated decision-making Standard is required, and if so whether any specific additional concerns would exist.

Should an application be approved by NHS England, further details would be made available within the Data Uses Register.

Summary of discussion:

In response to point 1:

5.4.1 AGD noted that the consent taken was for quite broad purposes, for example *“research that might improve the care for people with head and neck cancer”*; and advised that the additional datasets requested would fall within the scope of this aim. The Group observed that the consent taken, is reflective of the type of consent obtained at that specific period in time, and may not be in line with current practice. To support transparency with the cohort, the Group advised the applicant to undertake further engagement with the cohort, including, but not limited to, active communications to ensure the proposed work is in line with the expectations of the cohort.

In response to point 2:

5.4.2 AGD noted that in the participant-facing documents provided, there were references to a number of different proposed end dates of the study, all of which had now passed. The Group discussed this point, and advised that as the dates were set our as ‘planned dates’ and were in later transparency materials and not in the original consent materials, the proposed amendment remained compatible with the original consent taken. The Group did however advise that the applicant should take active steps to engage with the cohort, for example via a newsletter and updating the privacy notice, to:

> **5.4.2.1** ensure that the proposed use, and destruction of data, is in line with their expectations;

	5.4.2.2 to clarify what work is continuing, noting that some of the work in the internal form / application, appears to have been completed (objectives 3 and 4); and, **5.4.2.3** provide details as to how an individual can withdraw from the study. **5.4.3** In addition, the Group advised that the applicant ensure that they carefully consider whether it is appropriate to include further proposed end dates within the transparency materials. **In response to point 3:** **5.4.4** AGD noted that the question posed to the Group in respect of delegated decision-making was withdrawn in the meeting by NHS England, noted that there was insufficient details provided by the applicant to give advice on this on this. **5.4.5** The Group did however advise that: **5.4.5.1** any delegated decision-making was done in line with NHS England's draft 'Programme Standard'; and **5.4.5.2** the applicant ensures that there is sufficient lay representation on any decision-making committee. In addition to their advice on the specific points raised by NHS England, AGD made the following observations on the application and / or supporting documentation provided as part of the review: **5.4.6** Given the points raised by the Group, the NHS England SIRO Representative noted this application could progress via delegated authority to NHS England's Data Access Request Service (DARS) once the AGD advice has been addressed.	

6 INTERNAL DATA DISSEMINATION REQUESTS:
There were no items discussed
7 EXTERNAL DATA DISSEMINATION - SIRO APPROVED / SEEKING SIRO APPROVAL
There were no items discussed
8 OVERSIGHT AND ASSURANCE
There were no items discussed
9 AGD OPERATIONS

9.1	**AGD ways of working** *There were no items discussed*
9.2	**AGD Stakeholder Engagement** *There were no items discussed*
9.3	**AGD Project Work** *There were no items discussed*

10 Any Other Business	
10.1	**NIC-243790-Y8K8C-v10 Carnall Farrar Limited** AGD noted that the data sharing agreement (DSA) had been amended to add the Mental Health Dataset (MHDS) up to the current end data of the DSA, which is the 18th April 2027; and that whilst this was approved under an existing Precedent, the NHS England SIRO Representative had provided advice / support for this, and wanted to make the Group aware, noting the commercial aspect of the applicant. The Group noted and thanked the NHS England SIRO Representative for the update.

Meeting Closure

As there was no further business raised, the Chair thanked attendees for their time and closed the meeting.

Appendix A

The application and relevant supporting documents were previously presented / discussed at the AGD meeting on the 12th March 2026 as a confidential discussion item. It has now agreed by NHS England that the confidential discussion, as outlined below, can be published

AGD INDEPENDENT / NHS ENGLAND MEMBERS IN ATTENDANCE:	
Name:	**Role:**
Noela Almeida (NA)	NHS England member (Data Protection Office Representative (Delegate for Jon Moore))
Dave Cronin (DC)	NHS England member (Data and Analytics Representative (Delegate for Michael Chapman))
Claire Delaney-Pope (CDP)	AGD independent member (Specialist Information Governance Adviser)
Dr. Jon Fistein (JF)	AGD independent member (Chair)
Kirsty Irvine (KI)	AGD independent member (Lay Adviser) (not in attendance for items 1 to 4)
Miranda Winram (MW)	AGD independent member (Lay Adviser)
NHS ENGLAND STAFF IN ATTENDANCE:	
Name:	**Role / Area:**
Garry Coleman (GC)	NHS England SIRO Representative
Karen Myers (KM)	AGD Secretariat Officer, Privacy, Transparency and Trust (PTT), Technology, Digital and Data
Jodie Taylor-Brown (JTB)	Data Access and Partnerships, Data and Analytics, Transformation Directorate (**Observer**: item 7.1)
Vicki Williams (VW)	AGD Secretariat Manager, Privacy, Transparency and Trust (PTT), Technology, Digital and Data
AGD INDEPENDENT MEMBERS / NHS ENGLAND MEMBERS NOT IN ATTENDANCE:	
Name:	**Role / Area:**
Paul Affleck (PA)	AGD independent member (Specialist Ethics Adviser)
Mr Christopher Barben (CB)	AGD independent member (Specialist Clinician Adviser)
Michael Chapman (MC)	NHS England member (Data and Analytics Representative)

Dr. Robert French (RF)	AGD independent member (Specialist Academic / Statistician Adviser)
Prof. Jo Knight (JK)	AGD independent member (Specialist Academic / Researcher Adviser)
Dr. Mark McCartney (MM)	AGD independent member (Specialist GP / Clinician Adviser)
Jon Moore (JM)	NHS England member (Data Protection Office Representative)
Dr. Jonathan Osborn (JO)	NHS England member (Caldicott Guardian Team Representative) (not in attendance for items 5.5 to 9.2)
Jenny Westaway (JW)	AGD independent member (Lay Adviser)

5.6	**Reference Number:** NIC-356443-R5B5F **Applicant and Data Controller:** Ministry of Defence (MoD) **Application Title:** "Long-term follow up of military service from 2001 onwards" **Observer:** Jodie Taylor-Brown **Application:** This was a new application. NHS England were seeking advice on the following points, including general advice on any other aspect of the application: 1. Are AGD supportive of the proposed use of the data? 2. Should NHS England support the use of the data by the stated organisations for the stated purposes? If so, are there additional controls that should be incorporated into the DSA to govern this extended use? 3. Should NHS England support the proposed transfer methods as stated, and are there any additional controls / question to ask of the MOD / NIRSA before we proceed? Should an application be approved by NHS England, further details would be made available within the Data Uses Register. The Group had been provided with a curated set of documentation and would be providing observations based on these documents. **Outcome of discussion:** AGD noted the importance of this work, and the public interest in the outcomes. AGD was very supportive of the overall aims of the work; however, noted a number of substantive comments, many due to gaps in the current version of the application. AGD advised NHS England that there were substantive risks in releasing the data given the current detail within the application, but encouraged NHS England and the MoD to address these points quickly. AGD advised they were happy to assist NHS England by reviewing the application again at a future AGD meeting, or outside the usual AGD meeting structure if helpful. **5.6.1** AGD noted that the applicant had submitted a s251 request to the Health Research Authority Confidentiality Advisory Group (HRA CAG); and that the MoD Research Ethics Committee (MODREC) were in the process of reviewing the application. The Group noted	

	that NHS England will **not** enter into a data sharing agreement (DSA) until both HRA CAG and MODREC have undertaken their assessments and provided the relevant support. The Group noted that they would be assessing this version of the application subject to any comments / requests from both HRA CAG and MODREC. **5.6.2** AGD discussed the various parties involved and the proposed flows of data, and noting the complexities around this, made the following suggestions: **5.6.2.1** further clarity was provided on the data flows between the various parties; and **5.6.2.2** further clarity was provided on the specific parties involved, and their roles, for example, as a Data Controller in line with NHS England DARS Standard for Data Controllers; Data Processor in line with NHS England DARS Standard for Data Processors or a sub-licensee in line with NHS England DARS Standard for Sub-licencing and Onward Sharing of Data; and **5.6.2.3** the contractual arrangements that underpin each of the roles outlined. **5.6.2.4** NHS England's Data Protection Office Representative to clarify whether the applicant's cited legal basis is correct / appropriate. **5.6.3** AGD noted the specific datasets requested, and advised that: **5.6.3.1** a justification was provided as to why Demographics data was required for 1.4 million individuals; **5.6.3.2** further clarity was provided on the specific data fields requested; **5.6.3.3** how any data quality issues may impact the work they are wanting to undertake with the data, for example with ethnicity or occupation data; and **5.6.3.4** how any data quality issues may impact on any outcomes. **5.6.4** AGD queried if / when the National Data Opt-out (NDO) would be applied to the various data flows; and advised that: **5.6.4.1** NHS England satisfy itself that the NDO was being respected / applied appropriately; **5.6.4.2** clarification was provided as to if / when the NDO would be applied; and **5.6.4.3** NHS England provide support to the MoD in respect of the NDO noting the complexities around this subject. **5.6.5** AGD noted the references in the internal form / application to *"sex"* and "*gender*" data; and noting they were not interchangeable fields, advised that NHS England explored this further with the applicant, and that the form was updated as may be required to reflect the correct / factual information. **5.6.6** AGD noted that the cohort specification included reservists; and advised that: **5.6.6.1** an estimate for the number of reservists was included in the information provided; and **5.6.6.2** the internal form / application to be updated to reflect that reservists were included, noting, for example that section 3.7 as currently drafted omits his information.	DPO Rep

5.6.7 AGD noted the proposed use of the encrypted USB sticks for linkage; and whilst noting the exceptional circumstances for this noting the organisations involved, advised that the applicant provide a clear justification as to why this was the most appropriate method of sharing data.

5.6.8 AGD noted that there patient and public involvement and engagement (PPIE) was in the process of being developed to discuss the work outlined, however, the Group suggested that this was too late to effectively influence the design of the study and advised that:

5.6.8.1 some PPIE was undertaken before the study begins;

5.6.8.2 NHS England satisfies itself that any PPIE was undertaken to an acceptable standard, noting that the applicant does have easy access to an engaged proportion of the cohort through those currently involved in the legal case against the MoD;

5.6.8.3 there was wider ongoing PPIE throughout the lifecycle of the work. The HRA guidance on Public Involvement is a useful guide; and

5.6.8.4 any transparency to patients and the public was actively undertaken as soon as possible, i.e. before the study begins.

5.6.9 AGD noted extensive information in the public domain (and the internal form / application and the HRA CAG application) in respect of ongoing litigation against the MoD by service personnel; and noted that the work outlined in this application, may inform / impact on this litigation. The Group noted that there is a real or perceived conflict of interest in the MoD undertaking the work outlined themselves; and while there is detail of an independent advisory board in the supporting documents, advised that there should be further consideration of this research being undertaken independently by a body with expertise in this field, for example, the King's Centre of Military Health Research. The risk for NHS England in relation to this is that, if the lack of real or perceived independence undermines the validity of the results, then granting access to health data will have been provided for no or very limited benefit to public health. AGD noted that, as reported in the media, government-led inquiries into possible health injustices have previously been challenged due to a perceived or real lack of independence, leading to the studies needing to be repeated by others. This risk may apply here, potentially resulting in individuals' data being accessed unnecessarily more than once.

5.6.10 AGD noted and commended the work undertaken by NHS England's Data Access Request Service (DARS) and the applicant on the work undertaken on this application.

5.6.11 The NHS England SIRO Representative noted and welcomed the willingness from AGD to assist further with the progression of this application; and NHS England's Data Access Request Service (DARS) confirmed that they would engage with the Group as the application proceeded.

5.6.12 Given the points raised by the Group, the NHS England SIRO Representative noted this application could **not** progress via delegated authority until such time as the NHS England SIRO Representative had reviewed the updated application.

5.6.13 No AGD member noted a commercial aspect to the application.